



**CITY OF IMPERIAL BEACH**  
**825 IMPERIAL BEACH BLVD.**  
**IMPERIAL BEACH, CA 91932**  
**619.628.1362**

## **TRANSIENT OCCUPANCY TAX RETURN**

**Name of Business:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

**Report for the Period:** \_\_\_\_\_ through \_\_\_\_\_

**Business License No.:** \_\_\_\_\_

**A. Total Transient Rents Charged and Received** \$ \_\_\_\_\_

**B. Amount of Tax Collected Or Transient Occupancies** \$ \_\_\_\_\_  
(Should be approximately 10% of A)

**C. Penalty For Failure To Remit The Tax Within The Month** \$ \_\_\_\_\_  
After The Above Period – 10% of Tax-Line B

**D. Penalty For Failure To Remit Tax Within 30 Days Following** \$ \_\_\_\_\_  
Date On Which Remittance First Became Delinquent  
-10% of Tax-Line B

**E. Interest Charged For Failure To Remit Any Tax Collected-** \$ \_\_\_\_\_  
 $\frac{1}{2}$  % Per Month On The Amount Line B From Date On Which  
Remittance First Became Delinquent Until Paid

**TOTAL AMOUNT DUE (B, C, D, & E)** \$ \_\_\_\_\_

**I DECLARE, UNDER PENALTY OF MAKING A FALSE DECLARATION, I AM  
AUTHORIZED TO MAKE THIS STATEMENT AND, TO THE BEST OF MY  
KNOWLEDGE, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT MADE  
IN GOOD FAITH FOR THE PERIOD STATED, IN COMPLIANCE WITH THE  
PROVISIONS OF THE IMPERIAL BEACH MUNICIPAL CODE.**

**Signature of** ☐ **Operator** ☐ **Agent** ☐ **Owner:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check here if you need more report forms: ☐

Mail report forms to the following address: \_\_\_\_\_